Conversation with James Greenblatt, MD—Integrative Medicine for Mental Health Conference

Interview by Dick Benson

James Greenblatt, *MD, is a pioneer in the field of integrative medicine, he has treated patients since 1988. After receiving his medical degree and completing his psychiatry residency at George Washington University, Dr. Greenblatt completed a fellowship in child and adolescent psychiatry at Johns Hopkins Medical School. He currently serves as the Chief Medical Officer at Walden Behavioral Care in Waltham, MA and serves as an Assistant Clinical Professor of Psychiatry at Tufts University School of Medicine and Dartmouth College Geisel School of Medicine. Dr. Greenblatt has lectured internationally on the scientific evidence for nutritional interventions in psychiatry and mental illness. He is the author of seven books, including* Finally Focused: The Breakthrough Natural Treatment Plan for ADHD. *He is the founder of Psychiatry Redefined, an educational platform dedicated to the transformation of psychiatry, which offers online CME-approved courses, webinars, and fellowships for professionals about functional and integrative medicine for mental illness.*

***Integrative Medicine: A Clinician's Journal* (*IMCJ*):** Can you start with a brief description about your presentation focusing on binge eating?

Dr. Greenblatt: Binge eating and food addiction are somewhat controversial in many traditional medical fields, particularly the eating disorder field. Binge eating is the most common eating disorder. It is more common than Anorexia and Bulimia, which we all know about. Binge eating is more common than those two disorders combined. I think that it's really poorly understood and not treated well, as most of the treatment is just around blaming the patient. Blaming the patient creates a lot of guilt and causes people to not seek treatment. My focus is on the biology of appetite and understanding that there are individuals who do have a physiological addiction to certain foods or food additives.

IMCJ: When you talk binge eating, is it the taste of the food that connects them or gets them into binge eating? Or is there a chemical issue in the food that makes it addictive?

Dr. Greenblatt: Actually, a little both. There are clearly some kind of psychological and stress components, but I talk about some of the chemical ingredients, like MSG, monosodium glutamate, sugar and refined sugar and high-fructose corn syrup. There is good research in animal studies on the impact these have. And then for some individuals, byproducts of gluten and dairy are components. Many of the binge eating issues are related to highly processed food, that combines fat and sugar and often chemical additives like MSG, which we know affects how the brain functions.

IMCJ: What are the biggest "highs" we get out of binge eating?

Dr. Greenblatt: I think most people do not experience it as a high, but some do. Not everyone who binge eats has a food addiction. There is a subset who do, and they crave food, like an alcoholic craves alcohol. Then they binge, like an alcoholic. Then, after that binge, there is a kind of dysphoric, guilty, shameful state before the next craving starts. For many patients, it's a very similar scenario to other kinds of addiction.

The timing of binge eating varies. We have patients who can binge five times a day. Other patients will binge on weekends when kids or family are out of the house. And often, just like substance abuse, there are environmental triggers. Driving on the street where the bar is located or getting that first taste of ice cream or cookie. There are individuals who can't control their sense of hunger and satiety and that's a chemical reaction issue. My whole focus is to stop blaming the patients and shaming them. That way we can treat it with nutritional interventions and medicine if needed, but it has to be seen as a kind of biological disturbance of appetite and satiety.

IMCJ: Are there certain nutritional shortfalls that you see in people who binge eat?

Dr. Greenblatt: Absolutely. We see many different ones. They vary, but that is why an integrative approach and testing is critical because yes, we often see poor digestion of protein and that is why they are not adequately able to make some of the neurotransmitters and hormones. A whole host of problems can become apparent as we look at it as a biological disturbance, not a disorder of willpower.

There is an official diagnosis of binge eating per a psychiatrist in the DSM-5. It is not overeating, and it is not eating too much because you enjoy the food. There is clear criteria and it's really the rapid consumption of a quantity of food that most people would not eat. It is very different

than overeating and there are clearly established guidelines. It is the rapid consumption of large amounts of food and then the shame and guilt become overwhelming. It is not having the extra slice of cake, but it might be the whole cake and then a box of cookies, all very rapidly.

IMCJ: What other health issues do you see binge eating impacting?

Dr. Greenblatt: Binge eating can be associated with different weights. We see it in average weight individuals, but the majority are overweight. There are many health consequences related to obesity. And then there are health consequences related to the kind of depression and anxiety associated with the illness that can exist by itself or be triggered through a lack of treatment. It's very neglected in the healthcare world.

There's so much self-blame. Doctors, everyone says, "diet and exercise, eat less, go on this diet or that diet." I think more people are aware of this now because there are drugs available and commercials promoting the drugs. Over time, particularly when it starts in adolescence, it becomes devastating for kids to think of themselves as weak and unable to control themselves.

IMCJ: You bring that up with kids. I mean especially, I think of ones who might have ADHD or if they're on the autism spectrum, do you see it as an issue with those kids?

Dr. Greenblatt: Great point actually. There are very high incidents of what we call comorbidity with ADHD, particularly in females. They're not as hyperactive. A female adolescent, who has poor impulse control, can begin binge eating early in life and it becomes hard to control. ADHD is a very common comorbidity with eating disorders, binge eating in particular.

It's often out of the mindset of doctors treating ADHD. When an eating disorder treatment arises, it's usually many years later, resulting in 10 or 15 years of consequences of poorly controlled binge eating.

Medical school and residency rarely talk about eating disorders. I am also talking about Anorexia Nervosa in a presentation. There are 40 million Americans with eating disorders and those with Anorexia have the highest risk of suicide. Psychiatry residents get very little training, maybe an hour or two, even though it's one of the deadliest illnesses in the field of psychiatry.

IMCJ: In your presentations you have binge eating on one side and Anorexia on the other. It's kind of both ends of the spectrum.

Dr. Greenblatt: Yes. Different disorders, but both are devastating. We have seen an increase in both during the pandemic. Just caught a massive increase in rates. There's a waiting list, months and months waiting list at treatment programs across this country and around the globe, as eating disorders have really skyrocketed in terms of rates during the pandemic.

IMCJ: During the COVID shutdown did you see a lot of people who were focused with eating disorders?

Dr. Greenblatt: Yeah. There was weight gain that we all experienced with being isolated, not exercising, eating and drinking. Those genetically vulnerable to Anorexia or binge eating were triggered by a more devastating illness. We've had many kids who lost 10 to 20 pounds and they were normal weight or underweight to begin with. And that triggered a life-threatening Anorexia and other patients with binge eating. It wasn't just the 10 or 20 pounds, it was now a behavior around the food that was out of control and created a much more destructive illness.

IMCJ: Do these two conditions relate to stress?

Dr. Greenblatt: Absolutely. Stress is kind of a major touch point for both. Sometimes stress initiates restrictive eating in Anorexia or starting the cycle of binge eating. So, absolutely stress is related, and the treatment is really understanding the stress triggers in your life and how to deal with them.

IMCJ: What are you hoping that practitioners will take away from the event?

Dr. Greenblatt: Certainly, mental health clinicians are most attendees, but not all. There are a lot of general

practitioners who do show up, who are seeing mental illness in their offices because primary care docs are on the front lines and treating a lot of the mental illness.

Once an eating disorder gets to a mental health person, you've already have the issue in place and now you have to reverse it as opposed to catching it as they're starting to go down the track.

And that is partly my message. Understand the severity of eating disorders. They are life-threatening with the highest risk of suicide. It is absurd that we ignore them and there's very little funds for this research. We need to take them seriously as biologically based illnesses, not as behavior or psychological illnesses, because you cannot talk yourself into Anorexia Nervosa or Binge Eating Disorder. And if clinicians can see them as a biologically based illnesses, they can take them seriously and get people help because there are, particularly in our world of integrative medicine, very effective treatments. But the earlier, the better.

IMCJ: Are there specific nutritional shortcomings you see in these people?

Dr. Greenblatt: That's been my career. That is my life. Trying to help people understand that it is different for Anorexia than binge eating, but the goal is to look for those individuals' deficiencies and treat them. And then you can turn this illness around because we don't have good treatments in traditional medicine. So, there is no approved medicine for Anorexia Nervosa and it is a complete nightmare of varying treatment models, based on clinician and for Binge Eating Disorder, there's only one approved medicine and that's amphetamine, a stimulant that's not always the best. Our hope would be for nutritional and integrative approaches.

IMCJ: What about a lack of Lithium in our diet? Does that impact either of these conditions?

Dr. Greenblatt: Yeah, I don't know if you know, but that's been most of my work. I have written two books on Lithium and that is what I speak about, nutritional Lithium and major mental illness. We see it in irritability, ADHD and certainly Anorexia Nervosa. But it varies individual to individual. It is not as common with Binge Eating Disorder patients. For some, it is critically important. Lithium is a nutrient that we get from our water supply and our soil. I believe those with family history of addiction, suicide, and Bipolar illness, do have higher needs for Lithium. Most of the Lithium we get in our diet is from tap water. If it's in our soil, it's in our water supply and nobody is drinking tap water anymore. So, it's usually filtered out of bottled water.

IMCJ: How do you propose people get it if it's not in the water that they're drinking?

Dr. Greenblatt: Several companies sell Lithium orotate. The lowest dosage is one milligram, I recommend one or two milligrams of Lithium orotate. There are supplements of this trace mineral that are available. I recommend people do not take more than two milligrams without consulting with their doctor. Taking two milligrams is kind of the average that people get in their diets and it's very safe and higher doses can be helpful for other illnesses.

IMCJ: What about other trace minerals that we see a lot of deficiencies, Zinc, does that impact this at all?

Dr. Greenblatt: Yes. I am coming out with a book on Anorexia, where I discuss the role of Zinc as one of the most important deficiencies in spiraling of this disorder into a life-threatening illness. Zinc is critical.

IMCJ: To wrap up, what would you want people to take away from your sessions at the conference?

Dr. Greenblatt: I think the most important takeaways are understanding that eating disorders, particularly Anorexia and Binge Eating Disorder, are biological based illnesses. We have proven that now with genetic studies. We cannot blame the patient and treat them for psychological problems or lack of willpower. We need to treat the brain-based illness, the medical illness, the way we would treat arthritis, diabetes, or a broken leg.

These issues are another chronic health issue. I shared that the highest suicide risk of any psychiatric illnesses is Anorexia Nervosa. We're not putting the time and energy into understanding it and helping our primary care doctors treat it. It's tragic.

IMCJ: Do you find these disorders are more prevalent in women than men?

Dr. Greenblatt: Certainly more prevalent. It's growing in men and it's a global problem, all over the world, in developed countries, Middle East, Germany, England, Israel. So it's really not just a US problem. More common in women, but growing in men and age of onset is even getting younger. Used to be 16-year-old's and now we're seeing 11- and 12-year-old's starting to struggle.

IMCJ: Do you find it as not necessarily a genetic issue but more of, kind of a family type issue with it?

Dr. Greenblatt: No, I think that is what we've clearly disproven. It's not a family dynamic issue. It is genetic. It's a very high genetic vulnerability. It doesn't mean you would get the illness, but there's a clear genetic vulnerability to Anorexia Nervosa and we can't blame mothers or fathers for this illness.

IMCJ: Thank you very much for your time today, this is certainly a topic more practitioners need to be aware of.